

PAPERWORK REDUCTION ACT CHANGE WORKSHEET

Agency/Subagency		OMB Control Number _____ - _____
<i>Enter only items that change</i>		
	Current Record	New Record
Agency form number(s)		
Annual reporting and recordkeeping hour burden		
Number of respondents		
Total annual responses		
Percent of these responses collected electronically	%	%
Total annual hours		
Difference		
Explanation of difference		
Program change Adjustment		
Annual reporting and recordkeeping cost burden (in thousands of dollars)		
Total annualized Capital/Startup costs		
Total annual costs (O&M)		
Total annualized cost requested		
Difference		
Explanation of difference		
Program change Adjustment		
Other Change**		
Signature of Senior Official or designee:	Date:	For OIRA Use _____ _____

* * This form cannot be used to extend an expiration date.

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